

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) SMW/BP5257977

Box No. I TITLE OF INVENTION ANTITUMOUR VECTOR CONSTRUCTS AND METHODS	
Box No. II APPLICANT	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> CANCER RESEARCH CAMPAIGN TECHNOLOGY LIMITED CAMBRIDGE HOUSE 6-10 CAMBRIDGE TERRACE REGENT'S PARK LONDON NW1 4JL UNITED KINGDOM	<input type="checkbox"/> This person is also inventor. Telephone No. Facsimile No. Teleprinter No.
State (i.e. country) of nationality: BRITISH	State (i.e. country) of residence: UNITED KINGDOM
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> BALMAIN, Allan 8 CAMPSIE DENE ROAD BLANEFIELD GLASGOW G63 9BN UNITED KINGDOM	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (i.e. country) of nationality: BRITISH	State (i.e. country) of residence: UNITED KINGDOM
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International / authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> WALTON, SEAN M. and Others MEWBURN ELLIS YORK HOUSE 23 KINGSWAY LONDON WC2B 6HP UNITED KINGDOM	Telephone No. 0171 240 4405 Facsimile No. 0171 240 9339 Teleprinter No. 22762 PATENT G
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
<i>If none of the following sub-boxes is used, this sheet is not to be included in the request.</i>	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> ZHU, Jingde 68, DEVERON ROAD GLASGOW G61 1LN UNITED KINGDOM	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (i.e. country) of nationality: CHINESE	State (i.e. country) of residence: UNITED KINGDOM
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (i.e. country) of nationality:	State (i.e. country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (i.e. country) of nationality:	State (i.e. country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> 	This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>
State (i.e. country) of nationality:	State (i.e. country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.	

Box No.V DESIGNATION OF STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked):

Regional Patent

- ☒ AP ARIPO Patent: KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, UG Uganda, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH and LI Switzerland and Liechtenstein, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | |
| | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KZ Kazakhstan | |
| <input checked="" type="checkbox"/> LK Sri Lanka | |
| <input checked="" type="checkbox"/> LR Liberia | |
| <input checked="" type="checkbox"/> LS Lesotho | |
| <input checked="" type="checkbox"/> LT Lithuania | |
| <input checked="" type="checkbox"/> LU Luxembourg | |

Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet:

- ☒ All PCT contracting states
- ☐ not listed above
- ☐

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of _____

The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Supplemental Box *If the Supplemental Box is not used, this sheet need not be included in the request.*

this box in the following cases:

1. If, in any of the Boxes, the space is insufficient to furnish all the information:

in such case, write "Continuation of Box No. ..." indicate the number of the Box] and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient;

in particular:

- (i) if more than two persons are involved as applicants and/or inventors and no "continuation sheet" is available:
- (ii) if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked:
- (iii) if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America:
- (iv) if, in addition to the agent(s) indicated in Box No. IV, there are further agents:
- (v) if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "Continuation" or "Continuation-in-part":
- (vi) if there are more than three earlier applications whose priority is claimed:

in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III;

in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;

in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;

in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;

in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;

in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.

2. If the applicant claims, in respect of any designated Office, the benefits of provisions of the national law concerning non-prejudicial disclosures or exceptions to lack of novelty:

in such case, write "Statement Concerning Non-Prejudicial Disclosures or Exceptions to Lack of Novelty" and furnish that statement below.

ADDITIONAL SHEET

ADDITIONAL REPRESENTATIVES

ARMITAGE, IAN M.

BREWSTER, ANDREA R.

CALDERBANK, T. ROGER

COLEIRO, RAYMOND

FORD, MICHAEL F.

GURA, H. ALAN

HACKNEY, NIGEL J.

HAMILTON, ALISTAIR

HARRISON, DAVID C

KIDDLE, SIMON J.

LINN, S. JONATHAN

MADELEY, JUNE M.

NICHOLLS, KATHRYN M.

O'BRIEN, CAROLINE J.

PAGET, HUGH C.E.

SANDERSON, MICHAEL J.

STONER, G. PATRICK

STUART, IAN

WALTON, SEÁN M.

all at Mewburn Ellis, York House, 23 Kingsway, London, WC2B 6HP, GB

Box No. **VI** **PRIORITY CLAIM** Further priority claims are indicated in the Supplemental Box ☐

The priority of the following earlier application(s) is hereby claimed:

Country (in which, or for which, the application was filed)	Filing Date (day/month/year)	Application No.	Office of filing (only for regional or international application)
item (1) GREAT BRITAIN	02.10.95	9520079.6	
item (2) GREAT BRITAIN	08.08.96	9616685.5	
item (3)			

Mark the following check-box if the certified copy of the earlier application is to be issued by the Office which for the purposes of the present international application is the receiving Office (a fee may be required):

☒ The receiving Office is hereby requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) identified above as item(s): (1) & (2)

Box No. **VII** **INTERNATIONAL SEARCHING AUTHORITY**

Choice of International Searching Authority (ISA) (If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used): ISA /

Earlier search Fill in where a search (international, international-type or other) by the International Searching Authority has already been carried out or requested and the Authority is now requested to base the international search, to the extent possible, on the results of that earlier search. Identify such search or request either by reference to the relevant application (or the translation thereof) or by reference to the search request.

Country (or regional Office): _____ Date (day/month/year): _____ Number: _____

Box No. **VIII** **CHECK LIST**

This international application contains the following number of sheets:

- | | |
|----------------|--------------------|
| 1. request | : 5 sheets |
| 2. description | : 70 sheets |
| 3. claims | : 4 sheets |
| 4. abstract | : 1 sheets |
| 5. drawings | : 17 sheets |
| Total | : 97 sheets |

This international application is accompanied by the item(s) marked below:

- | | |
|---|---|
| 1. <input type="checkbox"/> separate signed power of attorney | 5. <input checked="" type="checkbox"/> fee calculation sheet |
| 2. <input type="checkbox"/> copy of general power of attorney | 6. <input type="checkbox"/> separate indications concerning deposited microorganisms |
| 3. <input type="checkbox"/> statement explaining lack of signature | 7. <input type="checkbox"/> nucleotide and/or amino acid sequence listing (diskette) |
| 4. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): | 8. <input checked="" type="checkbox"/> other (specify): <u>Form 23/77 (x2) Additional Representatives</u> |

Figure No. 1 of the drawings (if any) should accompany the abstract when it is published.

Box No. **IX** **SIGNATURE OF APPLICANT OR AGENT**

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

.....
HUGH C.E. PAGET
APPOINTED AGENT

For receiving Office use only

1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority specified by the applicant: <u>ISA /</u>	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

SMW/BP5257977

Applicant

CANCER RESEARCH CAMPAIGN TECHNOLOGY LIMITED

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 55.00 T

2. SEARCH FEE 1091.00 S

International search to be carried out by

(If two or more International Searching Authorities are competent in relation to the international application, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

The international application contains 97 sheets.

first 30 sheets 430.00 b₁

67 x £8 = 536.00 b₂

remaining sheets additional amount

Add amounts entered at b₁ and b₂ and enter total at B 966.00 B

Designation Fees

The international application contains ALL designations.

Maximum x £104 = 1144.00 D

number of designation fees payable (maximum 11) amount of designation fee

Add amounts entered at B and D and enter total at I 2110.00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT 44.00 P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box . . .

3300.00

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☒ cheque

☐ postal money order

☐ bank draft

☐ cash

☐ revenue stamps

☐ coupons

☐ other (specify):

DEPOSIT ACCOUNT AUTHORIZATION (this mode of payment may not be available at all receiving Offices)

The RO/ ☐ is hereby authorized to charge the total fees indicated above to my deposit account.

☐ is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account.

☐ is hereby authorized to charge the fee for preparation and transmittal of the priority document to the International Bureau of WIPO to my deposit account.

Deposit Account Number

Date (day/month/year)

Signature